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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : GOLDBERGER, Haim
SERIAL NO : 10/792,135
FILED : March 2, 2004
TITLE : SURFACE MOUNT FLIPCHIP CAPACITOR

Grp./A.U. : 2831
Examiner : THOMAS, Eric W.
Conf. No. : 4875
Docket No. : P06381US00

RESPONSE TO RESTRICTION REQUIREMENT
AND PRELIMINARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Mail Stop Amendment
Alexandria, VA 22313-1450

Dear Assistant Commissioner:

In response to the Office Action dated August 31, 2004, the Applicant elects Group I with
traverse and submits a Preliminary Amendment.

10/06/2004 CMDDRE 00000001 260084 10792135

01 FC:1202 216.00 DA
02 FC:1201 86.00 DA

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

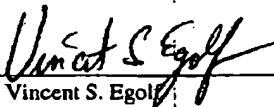
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Date:

9/30/04

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and Trademark Office, Art Unit 2831
at Fax No. (703) 872-9306.


Vincent S. Ego

REMARKS

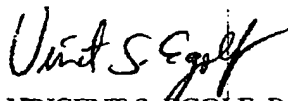
The Applicant elects Group I as specified by the Examiner. Group I contains claims 1-9, drawn to a flipchip capacitor, classified in class 361, subclass 523. The Applicant makes this election with traverse.

Additionally, Applicant submits a Preliminary Amendment that adds new claims 19-32. The claims are supported in the original specification and were drafted with respect to a flipchip capacitor and a series of flipchip capacitors to avoid a further restriction requirement.

Please charge Deposit Account No. 26-0084 the amount of \$54.00 for the three additional dependant claims over 20. No other fees or extensions of time are believed to be due in connection with this amendment; however, consider this a request for any extension inadvertently omitted, and charge any additional fees to Deposit Account No. 26-0084.

Allowance is respectfully requested.

Respectfully submitted,



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Attorneys of Record

- bja -

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10 | 792135

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|---|--------------|--------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | minus 20 = | * |
| INDEPENDENT CLAIMS | minus 3 = | * |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| | | | | | |
|-------------|---|----------------------------------|----|------------------------------------|---------------|
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | 32 | Minus | ** 20 = 12 |
| | Independent | * | 4 | Minus | *** 3 = 1 |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

(Column 1) (Column 2) (Column 3)

| | | | | | |
|-------------|---|----------------------------------|--|------------------------------------|---------------|
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | | Minus | ** = |
| | Independent | * | | Minus | *** = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

(Column 1) (Column 2) (Column 3)

| | | | | | |
|-------------|---|----------------------------------|--|------------------------------------|---------------|
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | | Minus | ** = |
| | Independent | * | | Minus | *** = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| | |
|-----------|--------|
| RATE | FEE |
| BASIC FEE | 385.00 |
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL | |

| | |
|-----------|--------|
| RATE | FEE |
| BASIC FEE | 770.00 |
| X\$18= | |
| X86= | |
| +290= | |
| TOTAL | 770 |

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$18= | \$216.00 |
| X86= | \$86.00 |
| +290= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$18= | |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$18= | |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |